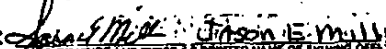


PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		04-29-1999 90094 049 ***1	
DOCUMENT # P98000076102 1. Corporation Name JAKE MILLS, INC.					
Principal Place of Business 6973 BONNER AVENUE CLEARWATER FL 33761		Mailing Address 6973 BONNER AVENUE CLEARWATER FL 33761		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1998	
21. Suite, Apt. #, etc.		28. Suite, Apt. #, etc.		4. FEI Number 59-3530091	
22. City & State		27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
24. 25.		29. 30.		8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent ACCOUNTING & TAX HELP, INC. 8688 PARK BLVD. SUITE A SEMINOLE FL 33777				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City FL 85. Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (If Registered Agent signature is required when registering)					
12. OFFICERS AND DIRECTORS ☐ DELETE			13. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition		
1. TITLE			1.1 TITLE		
2. NAME			2.1 NAME		
3. STREET ADDRESS			3.1 STREET ADDRESS		
4. CITY-STATE-ZIP			4.1 CITY-STATE-ZIP		
None, Item			None, Item		
5. TITLE			5.1 TITLE		
6. NAME			6.1 NAME		
7. STREET ADDRESS			7.1 STREET ADDRESS		
8. CITY-STATE-ZIP			8.1 CITY-STATE-ZIP		
None, Item			None, Item		
9. TITLE			9.1 TITLE		
10. NAME			10.1 NAME		
11. STREET ADDRESS			11.1 STREET ADDRESS		
12. CITY-STATE-ZIP			12.1 CITY-STATE-ZIP		
None, Item			None, Item		
13. TITLE			13.1 TITLE		
14. NAME			14.1 NAME		
15. STREET ADDRESS			15.1 STREET ADDRESS		
16. CITY-STATE-ZIP			16.1 CITY-STATE-ZIP		
None, Item			None, Item		
17. TITLE			17.1 TITLE		
18. NAME			18.1 NAME		
19. STREET ADDRESS			19.1 STREET ADDRESS		
20. CITY-STATE-ZIP			20.1 CITY-STATE-ZIP		
None, Item			None, Item		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.17(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Jason E. Mills				4-26-99	
SIGNATURE AND TYPED & PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	